

RECEIVED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31936
4282

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KC. Mo. 514 Bennington. 4 das.</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atherton</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daughter's home</u> | | | | d. STREET ADDRESS <u>Main Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> | | b. (Middle) <u>Josephine</u> | | c. (Last) <u>Wiltfong</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Nov. 2. 1882</u> | |
| 9. AGE (In years last birthday) <u>69</u> | | 10. MONTH <u>10</u> DAY <u>26</u> | | 11. BIRTHPLACE (State or foreign country) <u>Atherton Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>her own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Atherton Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Stewart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Evaline Hendrix</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward Wiltfong-deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Rogers - KC Mo. 514 Benn.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>10 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>9-24-</u> , 19 <u>52</u> , to <u>9-28</u> , 1952, that I last saw the deceased alive on <u>9-28</u> , 1952, and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Frederic J. Zammarr</u> (Degree or title) <u>DO 2</u> | | | | 23b. ADDRESS <u>Independence Mo.</u> | | 23c. DATE SIGNED <u>9-29-1952</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>October 1. 52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Six Mile Cem. Eastern Jackson Co. Mo.</u> | | 24d. LOCATION (City, town, or county) (State) _____ | |
| DATE REC'D BY LOCAL REG. <u>9-30-52</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vernon M. Reppert - Buckner Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me~~ or by _____

Student Embalmer No. _____
working under my personal supervision

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4604

P. O. Address Buckner, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.